

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937722

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	/						51				
2	/						52				
3	2						53				
4	2						54				
5	2						55				
6	10						56				
7							57				
8							58				
9	11						59				
10							60				
11	15						61				
12	1						62				
13							63				
14							64				
15							65				
16	12						66				
17							67				
18							68				
19							69				
20							70				
21	4						71				
22	4						72				
23							73				
24							74				
25							75				
26	1						76				
27	4						77				
28	1						78				
29							79				
30	1						80				
31	1						81				
32							82				
33							83				
34							84				
35							85				
36	1						86				
37	1						87				
38	1						88				
39	1						89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	9	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓
TOTAL CLAIMS	12						TOTAL CLAIMS				